

Larry Jones

PLAINTIFF/PETITIONER/MOVANT'S NAME

E. 17215

PRISON NUMBER

P.O. Box 5004

PLACE OF CONFINEMENT

Calipatria, CA. 92233

ADDRESS

FILED

2008 MAY 15 PM 2:57

CLERK US DISTRICT COURT
SOUTHERN DISTRICT OF CALIFORNIABY Ron DEPUTY

United States District Court
Southern District Of California

Larry Jones

Plaintiff/Petitioner/Movant

v.

L.E. Scribner

Defendant/Respondent

Civil No. 08cv00623JLS(RBB)

(TO BE FILLED IN BY U.S. DISTRICT COURT CLERK)

**MOTION AND DECLARATION UNDER
 PENALTY OF PERJURY IN SUPPORT
 OF MOTION TO PROCEED IN FORMA
 PAUPERIS**

I, LARRY VERNON JONES

declare that I am the Plaintiff/Petitioner/Movant in this case. In support of my request to proceed without prepayment of fees or security under 28 U.S.C. § 1915, I further declare I am unable to pay the fees of this proceeding or give security because of my poverty, and that I believe I am entitled to redress.

In further support of this application, I answer the following question under penalty of perjury:

1. Are you currently incarcerated? Yes No (If "No" go to question 2)

If "Yes," state the place of your incarceration Calipatria State Prison

Are you employed at the institution? Yes No

Do you receive any payment from the institution? Yes No

[Have the institution fill out the Certificate portion of this affidavit and attach a certified copy of the trust account statement from the institution of your incarceration showing at least the last six months transactions.]

2. Are you currently employed? Yes No

a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer. _____

b. If the answer is "No" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer. _____

INCARcerated past 14 yrs

3. In the past twelve months have you received any money from any of the following sources?:

- a. Business, profession or other self-employment Yes No
- b. Rent payments, royalties interest or dividends Yes No
- c. Pensions, annuities or life insurance Yes No
- d. Disability or workers compensation Yes No
- e. Social Security, disability or other welfare Yes No
- f. Gifts or inheritances Yes No
- g. Spousal or child support Yes No
- g. Any other sources Yes No

If the answer to any of the above is "Yes" describe each source and state the amount received and what you expect you will continue to receive each month. _____

4. Do you have any checking account(s)? Yes No

a. Name(s) and address(es) of bank(s): _____

b. Present balance in account(s): _____

5. Do you have any savings/IRA/money market/CDS' separate from checking accounts? Yes No

a. Name(s) and address(es) of bank(s): _____

b. Present balance in account(s): _____

6. Do you own an automobile or other motor vehicle? Yes No

a. Make: _____ Year: _____ Model: _____

b. Is it financed? Yes No

c. If so, what is the amount owed? _____

7. Do you own any real estate, stocks, bonds, securities, other financial instruments, or other valuable property?

Yes No

If "Yes" describe the property and state its value. _____

8. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support. _____

NONE

9. List any other debts (current obligations, indicating amounts owed and to whom they are payable): _____

NONE

10. List any other assets or items of value (specify real estate, gifts, trusts inheritances, government bonds, stocks, savings certificates, notes, jewelry, artwork, or any other assets [include any items of value held in someone else's name]): _____

NONE

12. If you answered all of the items in #3 "No," and have not indicated any other assets or sources of income anywhere on this form, you must explain the sources of funds for your day-to-day expenses. _____

Sometimes my sister sends me money

I declare under penalty of perjury that the above information is true and correct and understand that a false statement herein may result in the dismissal of my claims.

May 13 2008

DATE

Larry Jones

SIGNATURE OF APPLICANT

TRUST ACCOUNT WITHDRAWAL AUTHORIZATION
(Incarcerated applicants only)

(This form **MUST** be completed by the prisoner requesting to proceed in forma pauperis. An incomplete "Trust Account Withdrawal Authorization Form," or "Prison Certificate" will result in automatic denial of the prisoner's request to proceed in forma pauperis.)

I, LARRY JONES E-17215, (Name of Prisoner/ CDC No.) request and authorize the agency holding me in custody to prepare for the Clerk of the United States District Court for the Southern District of California, a certified copy of the statement for the past six months of my trust fund account (or institutional equivalent) activity at the institution where I am incarcerated.

I further request and authorize the agency holding me in custody to calculate and disburse funds from my trust fund account (or institutional equivalent) pursuant to any future orders issued by the Court relating to this civil action pursuant to the Prison Litigation Reform Act of 1995, Pub. L. No. 104-134, Title VIII, §§ 801-10, 110 Stat. 1321 (1996).

This authorization is furnished in connection with a civil action filed in the Southern District of California, and I understand that, pursuant to 28 U.S.C. §§ 1914 and 1915(b)(1), the total amount of filing fees for which I am obligated is either \$350 (civil complaint) or \$5 (habeas corpus petition) (check one). I also understand that this fee will be debited from my account regardless of the outcome of this action. This authorization shall apply to any other agency into whose custody I may be transferred.

May 13 2008
jamie DATE

Larry Jones

SIGNATURE OF PRISONER

If you are a prisoner you must have an officer from your institution provide this official certificate as to the amount of money in your prison account. There are no exceptions to this requirement.

PRISON CERTIFICATE
(Incarcerated applicants only)
(To be completed by the institution of incarceration)

I certify that the applicant Larry Jones,

(NAME OF INMATE)

E-17215

(INMATE'S CDC NUMBER)

has the sum of \$ -10.29 on account to his/her credit at _____

Calipatria State Prison

(NAME OF INSTITUTION)

I further certify that the applicant has the following securities NIA

to his/her credit according to the records of the aforementioned institution. I further certify that **during the past six months** the applicant's *average monthly balance* was \$ 1.07, and the *average monthly deposits* to the applicant's account was \$ 1.14.

ALL PRISONERS MUST ATTACH A CERTIFIED COPY OF THEIR TRUST ACCOUNT STATEMENT SHOWING TRANSACTIONS FOR THE SIX-MONTH PERIOD IMMEDIATELY PRECEDING THE FILING OF THE COMPLAINT PER 28 U.S.C. § 1915(a)(2).

5/1/08

DATE

K Perduno

SIGNATURE OF AUTHORIZED OFFICER OF INSTITUTION

K Perduno

OFFICER'S FULL NAME (PRINTED)

Account Clerk II

OFFICER'S TITLE/RANK

If you are a prisoner you must have an officer from your institution provide this official certificate as to the amount of money in your prison account. There are no exceptions to this requirement.

U.S. C. PRISON CERTIFICATE
(Incarcerated applicants only)
(To be completed by the institution of incarceration)

I certify that the applicant

Jones
(NAME OF INMATE)

E 17215

(INMATE'S CDC NUMBER)

has the sum of \$

10.29

on account to his/her credit at

Calipatria State Prison

(NAME OF INSTITUTION)

I further certify that the applicant has the following securities

NIA

to his/her credit according to the records of the aforementioned institution. I further certify that during

the past six months the applicant's average monthly balance was \$ *1.07*

and the average monthly deposits to the applicant's account was \$ *1.14*

5/1/08

DATE

K Perdomo

SIGNATURE OF AUTHORIZED OFFICER OF INSTITUTION

K Perdomo

OFFICER'S FULL NAME (PRINTED)

Account Clerk II

OFFICER'S TITLE/RANK

CALIFORNIA DEPARTMENT OF CORRECTIONS
 CALIPATRIA STATE PRISON
 INMATE TRUST ACCOUNTING SYSTEM
 INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: NOV. 01, 2007 THRU MAY 01, 2008

ACCOUNT NUMBER : E17215 BED/CELL NUMBER: FB0400000000225L

ACCOUNT NAME : JONES, LARRY ACCOUNT TYPE: I

PRIVILEGE GROUP: A

TRUST ACCOUNT ACTIVITY

TRAN DATE	CODE	DESCRIPTION	COMMENT	CHECK NUM	DEPOSITS	WITHDRAWALS	BALANCE
11/01/2007		BEGINNING BALANCE					8.01
11/09	FC05	DRAW-FAC 5	ASU	2767		5.00	3.01
11/19	FR01	CANTEEN RETUR	702874			0.38-	3.39
ACTIVITY FOR 2008							
03/21	W515	COPY CHARGE	03-13/5527			1.80	1.59

DATE	HOLD CODE	DESCRIPTION	COMMENT	HOLD AMOUNT
04/09/2008	H110	COPIES HOLD	04-01/5961	11.88

TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOlds	TRANSACTIONS TO BE POSTED
8.01	0.00	6.42	1.59	11.88	0.00

CURRENT AVAILABLE BALANCE

10.29-

THE WITHIN INSTRUMENT IS A CORRECT
 COPY OF THE TRUST ACCOUNT MAINTAINED
 BY THIS OFFICE.
 ATTEST:
 CALIFORNIA DEPARTMENT OF CORRECTIONS
 BY John M. Johnson
 TRUST OFFICE

